

### CRITERIA FOR PRIOR AUTHORIZATION

#### Botulinum Toxins

<b>PROVIDER GROUP</b>	Pharmacy Professional
<b>MANUAL GUIDELINES</b>	All dosage forms of the following drugs require prior authorization: OnabotulinumtoxinA (Botox®) AbobotulinumtoxinA (Dysport®) RimabotulinumtoxinB (Myobloc®) IncobotulinumtoxinA (Xeomin®)

#### CRITERIA FOR ONABOTULINUMTOXIN A: (must meet one of the following)

- Prophylaxis of headaches in patients with chronic migraines (≥15 days per month with a headache lasting 4 hours a day or longer)
  - Patient must have experienced an inadequate response after a trial of [at least 2 preventive therapies \(e.g. to beta-blockers, calcium channel blockers, anticonvulsants, and antidepressants\) at least one agent from each medication class listed in Table 1](#) at a maximum tolerated dose, OR have a documented intolerance or contraindication to all preventive therapies
  - Prescriber must provide chart notes documenting the patient's clinical assessment and history of all prior therapy trials including dates and outcomes of trials
  - Must be prescribed by or in consultation with a neurologist
- Treatment of upper limb spasticity in elbow, wrist, finger, or thumb flexors
  - Must be prescribed by or in consultation with a neurologist or a physical medicine & rehabilitation specialist
- Treatment of lower limb spasticity in adult patients to decrease the severity of increased muscle tone in ankle or toe flexors
  - Must be prescribed by or in consultation with a neurologist or a physical medicine & rehabilitation specialist
- Treatment of cervical dystonia
  - Must be prescribed by or in consultation with a neurologist or a physical medicine & rehabilitation specialist
- Treatment of severe primary axillary hyperhidrosis that is inadequately managed with topical agents
  - Must be prescribed by or in consultation with a dermatologist
  - Prescriber must provide chart notes documenting the patient's clinical assessment and history of all prior therapy trials including dates and outcomes of trials
- Treatment of blepharospasm associated with dystonia or strabismus
  - Must be prescribed by or in consultation with a neurologist or ophthalmologist
- Treatment of overactive bladder with symptoms of urge urinary incontinence, urgency, and frequency or urinary incontinence due to detrusor over activity associated with a neurologic condition (e.g., spinal cord injury or multiple sclerosis)
  - Patient must have experienced an inadequate response after a 30-day trial of at least 2 anticholinergic at a maximum tolerated dose, OR have a documented intolerance or contraindication to therapy with anticholinergic medications
  - Must be prescribed by or in consultation with a neurologist or urologist

- Prescriber must provide chart notes documenting the patient's clinical assessment and history of all prior therapy trials including dates and outcomes of trials

**CRITERIA FOR RIMABOTULINUMTOXINB:** (must meet all of the following)

- Must be prescribed by or in consultation with a neurologist or a physical medicine & rehabilitation specialist
- Treatment of cervical dystonia

**CRITERIA FOR ABOBOTULINUMTOXINA:** (must meet all of the following)

- Must be prescribed by or in consultation with a neurologist or a physical medicine & rehabilitation specialist
- Must be being used for one of the following:
  - Treatment of cervical dystonia
  - Treatment of upper limb spasticity
  - Treatment of lower limb spasticity

**CRITERIA FOR INCOBOTULINUMTOXINA:** (must meet one of the following)

- Must be prescribed by or in consultation with a neurologist or a physical medicine & rehabilitation specialist (or ophthalmologist for blepharospasm)
- Must be being used for one of the following:
  - Treatment of cervical dystonia
  - Treatment of blepharospasm in adults previously treated with onabotulinumtoxinA
  - Treatment of upper limb spasticity
  - Treatment of chronic sialorrhea in adults

**Initial authorization will be approved for 6 months.** Subsequent authorizations will be granted for up to 2 injections in 6 months; injections must be at least 12 weeks apart.

**Note:** Use of Botulinum Toxins will **NOT** be approved for cosmetic purposes.

**TABLE 1. PRIOR PREVENTATIVE MIGRAINE THERAPIES**

BETA-BLOCKING AGENTS	ANTIEPILEPTIC AGENTS
Propranolol	Topiramate
Metoprolol	Valproic acid
Timolol	Divalproex

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